Saskatchewan Provincial Advisory
Committee of Older Persons

Saskatchewan's Provincial Policy Framework and Action Plan for Older Persons

May 2003

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The Honourable John T. Nilson, Q.C.
Minister Responsible for Seniors
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Nilson:

On behalf of the Provincial Advisory Committee of Older Persons, I am pleased to present the Provincial Policy Framework and Action Plan for Older Persons for your consideration.

The *Provincial Policy Framework and Action Plan* for Older Persons outlines six goals that provide a focus for future policy and program development in order to work towards the vision of protecting and promoting the health, dignity, and well-being of all older persons in Saskatchewan. Specific recommendations to achieve each goal and the overall vision provide a foundation for the improvement of services for older persons in Saskatchewan.

On behalf of all the Advisory Committee members, thank you for the opportunity to contribute to the health and well-being of Saskatchewan seniors. We look forward to the response of the provincial government to the Provincial Policy Framework and Action Plan.

Respectfully,

Donald A King

Dr. Donald A King, Chairperson
Saskatchewan Provincial Advisory Committee of Older Persons

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INTRODUCTION

Provincial Advisory Committee for the International Year of Older Persons

In 1999, Canada, along with countries around the world recognized the International Year of Older Persons. On October 1, 1998, the Minister Responsible for Seniors appointed a thirteen-member committee made up of older persons to promote and facilitate community-based participation, and to advise the Minister on provincial activities. In fulfilment of their final task, the committee presented the Minister with a report recommending:

> *"That the Minister Responsible for Seniors establish an Advisory Committee of Older Persons to provide input on program and policy development and feedback on health needs (physical, mental, spiritual) and status of older persons. This committee would also assist in educating the public on the benefits of healthy aging. Members would be appointed by the Minister Responsible for Seniors and would include representatives from major seniors' organizations, indigenous groups, and persons who are familiar with and share the concerns of seniors."* (Provincial Advisory Committee for the International Year of Older Persons 1999)

Provincial Advisory Committee of Older Persons

In June 2000 the Government of Saskatchewan responded to the report's recommendation by appointing a Provincial Advisory Committee of Older Persons. The Advisory Committee reports directly to the Minister Responsible for Seniors. The primary focus of the Advisory Committee has been the development of the *Provincial Policy Framework and Action Plan for Older Persons* to identify the needs and concerns of Saskatchewan's seniors and recommend ways to address them.

To complete the *Provincial Policy Framework and Action Plan for Older Persons*, the Advisory Committee formed three subcommittees. They were:

- Lifelong Learning and Active Living Subcommittee
- Health Issues Subcommittee
- Healthy Living Continuum Subcommittee

The *Provincial Policy Framework and Action Plan* is of particular significance because older persons account for a substantial proportion of the population of Saskatchewan. One in seven (14.5%) or 148,432 people in the province are currently 65 years of age or older (Covered Population Statistics, Saskatchewan Health, 2002). This older population will increase, and become more culturally diverse, as the 'baby boomers' start entering their older years in the second decade of the 21st century. Demographic projections indicate the population change will be gradual and that by 2020, approximately one in six (17.8%) or 182,640 people will be 65 years of age or older. (Saskatchewan Health, 2001)

BACKGROUND

The Provincial Advisory Committee of Older Persons was formed to make recommendations and provide advice to the Minister Responsible for Seniors regarding the needs of seniors. Committee membership (see Appendix I) is made by Ministerial Appointment and includes individuals who collectively bring various perspectives to the table: provincial, Aboriginal, women's, regional, health, education and research. Many also participate in external stakeholder groups, such as seniors organizations and cultural groups. They represent a broad range of geographic areas and perspectives from across the province. The Advisory Committee met ten times between June 2000 and April 2003.

Due to the intersectoral nature of programming for older persons, the Government of Saskatchewan has established other structures and processes within government to address issues of older persons. The Interdepartmental Coordinating Committee on Seniors, which is chaired by Saskatchewan Health, includes representatives from major government departments and crown corporations which provide services to seniors. This committee, whose mandate is to facilitate the provision of effective and appropriate programming and services for older persons, will provide feedback on the Provincial Policy Framework and Action Plan for Older Persons, determine impacts, and develop a comprehensive integrated implementation plan.

VISION FOR SENIORS SERVICES IN SASKATCHEWAN

Consistent with the shift to a **wellness approach**, the Provincial Advisory Committee of Older Persons and the *Provincial Policy Framework and Action Plan for Older Persons* are guided by the following vision: **to protect and promote the health, dignity, and well-being of all older persons in Saskatchewan**. This vision articulates what the Advisory Committee wants for older persons in Saskatchewan. It is a statement of what the Government of Saskatchewan and society should work toward.

Principles

The following principles guided the Advisory Committee in developing the *Provincial Policy Framework and Action Plan for Older Persons*. They reflect the core values desired for older persons and are inherent in the vision statement. The principles are expected to influence the design of policies and programs and can also be used to help encourage cohesiveness in the process of policy planning. The Government of Saskatchewan should be guided by these principles in developing policies and programs for seniors.

- **Dignity** – being treated with respect regardless of the situation and having a sense of self-esteem.
- **Independence/Self-Determination** – being in control of one's life, being able to do as much for oneself as possible and making one's own choices.
- **Participation** – remaining integrated in society, getting involved, staying active, taking part in the community and being consulted and having one's views considered.
- **Fairness** – having one's real needs, in all their diversity, considered equally to those of other people regardless of age, gender, racial or ethnic background, disability, economic or other status.
- **Safety and Security** – having adequate income as one ages and having access to a safe and supportive living environment, including freedom from fear and exploitation.
- **Self-Fulfilment** – being able to pursue opportunities for the full development of one's potential with access to the educational, cultural, spiritual and recreational resources of society.
- **Recognition** – achieving intergenerational recognition and respect for contributions of older persons.

Goals

Six goals were developed by the Advisory Committee to guide Government in achieving the vision to protect and promote the health, dignity and well-being of all older persons in Saskatchewan. Each goal was then assigned to one of three subcommittees, who in turn developed recommendations based on committee discussions, literature reviews, and consultations with seniors' organizations. The goals are:

1.0 Ensure provision of and access to affordable and supportive housing and services for older persons.

2.0 Provide safe and affordable transportation for older persons.

3.0 Ensure the access and availability to the continuum of quality and appropriate health care services for all older persons.

4.0 Promote active living and lifelong learning.

5.0 Enhance the recognition of contributions of older persons.

6.0 Ensure the safety and security of all older persons.

RECOMMENDATIONS

The following are recommendations to the Minister Responsible for Seniors to achieve the vision and goals. The recommendations, listed under their corresponding goal, provide a foundation for the improvement of services to seniors in Saskatchewan.

It is recognized there may be financial implications associated with some of the recommendations and that normal budget processes will need to be followed. To assist in that process, the recommendations under each goal are listed in order of priority.

Recommendations included in the *Provincial Policy Framework and Action Plan for Older Persons* resulted from discussions at meetings during 2001 and 2002, including discussions with seniors' organizations. The recommendations reflect the priority concerns at the time, and it is recognized that the priorities may change over time.

Goal 1.0 Ensure provision of and access to affordable and supportive housing and services for older persons.

Recommendations

- Maintain current levels of housing and housing support services and enhance services based on population and need, including public housing, Saskatchewan Assisted Living Services (SALS) and home renovation programs.
- Develop and make available to the public, a list of housing options in each regional health authority and ensure better coordination of all housing initiatives.
- Develop and implement a home maintenance program for seniors living outside Social Housing in the community.
- Ensure the development of creative recreational programming (for example, gardening) in Social Housing.

The Provincial Advisory Committee for the International Year of Older Persons identified a common concern among seniors and their organizations as the availability and affordability of housing which meets the particular needs of older persons.

> Easily accessible, comfort-able housing goes a long way toward meeting the shelter needs of older individuals. (Canada Mortgage and Housing Corporation, 1999)

The Canada Mortgage and Housing Corporation also identified the need for supportive housing in *Planning Housing and Support Services for Seniors* by stating "many seniors have difficulty completing everyday tasks around their homes. Although some may have help with personal care and in preparing meals, cleaning windows, vacuuming, repairing their homes, and doing yard work, many may not be getting such help". As well, the National Advisory Council on Aging recognized the need for housing in rural settings, "there are few alternative housing options available in rural areas because the low population discourages private developers." (National Advisory Council on Aging, 1995)

Goal 2.0 Ensure the provision of safe and affordable transportation for older persons.

Recommendations

- Increase the budget for the Municipal Transit Assistance for People with Disabilities and better utilize other transportation resources within communities.
- Increase the safety of streets and walkways in an effort to prevent falls, for example, by organizing a volunteer snow shovelling program for seniors and persons with disabilities.
- Publicize the availability of funding for transportation through the Municipal Transit Assistance for People with Disabilities and encourage communities to apply for assistance.
- Make available a list of both urban and rural best practice seniors transportation models.
- Encourage the federal government to address the issue of on-reserve transportation of seniors and persons with disabilities.

Transportation that is both economical and reliable continues to be an issue that many Saskatchewan seniors have difficulty accessing. The Canadian Transportation Agency has stated that "we need to ensure that transportation services support the quality of life that we all expect to be able to enjoy as the years pass". (Robson M, 1999)

"When travel is required, it can be particularly challenging for seniors and low-income families." (Commission on Medicare, 2001)

Today in Saskatchewan, there are 78 communities with transit assistance for people with disabilities. Users of the service constitute a mixture of persons across the province: young and old, persons with physical or mental disabilities, and wheelchair and ambulatory passengers. In addition, Saskatchewan Assisted Living Services, a community-based service option for individuals living in Social Housing requiring a combination of shelter and support to maintain independence and remain in their homes, provides coordination of social and recreational activities, including transportation. Although progress has been made in alleviating transportation problems of people with disabilities and seniors, enhanced services are required.

Goal 3.0 Ensure the access and availability to quality and appropriate health care services for all older persons.

Recommendations

- The Provincial Advisory Committee of Older Persons monitor the progress and implementation of Saskatchewan's *Action Plan for Saskatchewan Health Care* and the Commission on the Future of Health Care in Canada's report *Building on Values: The Future of Health Care in Canada.*
- Provide improved funding to current personal care home residents in need of financial assistance and those seeking placement in personal care homes who require financial assistance.
- Support the development, operation, and regular monitoring of personal care homes to ensure that the spirit and intent of the established criteria are complied with.
- Ensure the adequacy of home care services, including softer services such as homemaking.
- Disseminate information and increase the awareness of health care services and programs for seniors. For example, this could include continued updating and distribution of the *Programs and Services of Interest to Seniors* booklet.

The Provincial Advisory Committee for the International Year of Older Persons identified a common concern among seniors and their organizations regarding the problems within the health care system as it relates to older persons. (Government of Saskatchewan, 1999)

"For everyday services that are most commonly needed, access should be close to home." (Commission on Medicare, 2001)

The Fyke Commission on Medicare released its report *Caring for Medicare: Sustaining a Quality System* in 2001. One of the issues examined was everyday services and everyday health needs. The Government of Saskatchewan's response to the Fyke Report, *The Action Plan for Saskatchewan Health Care,* built on some of the best ideas from the Fyke Report including the establishment of primary health care networks in all regional health authorities. Other initiatives in the Action Plan include eliminating the 40-bed limit on personal care homes while expanding regulatory monitoring of these homes to ensure quality care for residents, and providing care options through individualized funding.

MEDICATIONS

Recommendations

- Increase awareness of the availability of drug information for seniors.
- Encourage objective evaluation of both natural and herbal remedies.
- Ensure that drug use in special-care homes is carefully and continually monitored by physicians, pharmacists and nurses.
- Undertake a research study focusing on medications and their relationship to falls in seniors in Saskatchewan to decrease the incidence of falls among seniors.
- Investigate the high cost of prescription drugs.

Seniors are responsible for a significant portion of prescription medication use. In 1989, Saskatchewan seniors accounted for up to 40% of all prescription medicine. (Quinn K et al., 1992) During 2001/02, older persons accounted for 3.7 of the 8.0 million (46.7%) prescriptions filled under the Saskatchewan Prescription Drug Plan. And on average, each senior received 28.5 prescriptions during 2001-02. (Saskatchewan Health, Drug Plan & Extended Benefits Branch, 2002)

> 18% to 50% of prescriptions for elderly patients are estimated to be inappropriate. (Tamblyn RM et al., 1994)

With the significant use of prescription drugs by seniors comes the potential for inappropriate use, negative health effects and utilization of additional health services. Inappropriate use of medication poses a serious threat to the health and quality of life of Canadian seniors. (F/P/T Committee of Officials (Seniors), 1996)

INFORMAL CAREGIVING

Recommendations

- Review the Saskatoon Council on Aging's *Community Informal Caregiver Project* for potential expansion province-wide.
- Ensure emergency respite services are in place province-wide.

Caregivers play a significant role in the day-to-day lives of seniors in Saskatchewan. As the population continues to age and live longer there will be increased pressure on informal caregivers. With appropriate support, caregivers will have the ability to continue providing care for longer periods of time.

> The vast majority of older persons who are very frail, chronically ill or with severe disabilities rely solely on informal caregivers (family members, neighbours or friends), seven days a week. It has been estimated that as much as 80% of all the care needed by frail seniors is provided by informal caregivers. (F/P/T Committee of Officials (Seniors), 2001)

PROMOTING HEALTHY AGING EARLY IN LIFE

Recommendation

- Encourage early intervention and prevention of lifestyle-related diseases in younger persons to promote healthy aging.

There is growing concern that the current behaviour patterns of children and youth may accelerate lifestyle-related disease processes and result in premature morbidity and mortality. (Tremblay MS et al., 2000) Recent studies have confirmed that the prevalence of physical inactivity and obesity among children and adolescents is increasing. (Ogden CL et al., 2002 and Tremblay MS et al., 2000). Smoking rates for youth have begun to decrease in recent years, but when Saskatchewan is compared to other provinces, youth are still among the highest tobacco users in Canada. For example, 27.1% of Saskatchewan youth aged 15-19 use tobacco compared to only 16.8% in British Columbia and 18.8% in Ontario. (Health Canada Tobacco Control Programme, 2001)

> There is evidence that life-long inadequate intakes of calcium contribute to the high prevalence of osteoporosis in older people. (Regina Leader Post, April 5, 2003)

Goal 4.0 Promote active living and lifelong learning.

Recommendations

- Support and encourage existing organizations, both rural and urban, to expand current, and identify through needs assessment and collaborative planning, new opportunities for active living and lifelong learning. For example, this could include multi-activity centres, funding, matching grants, booklets or an ad campaign.
- That the Provincial Advisory Committee of Older Persons review and prioritize existing recommendations in reports and documents regarding active living and lifelong learning for older adults.
- Support and encourage participation by all older Saskatchewan citizens in active living and lifelong learning, thereby contributing to their overall well-being. For example, this could include establishing appropriate web sites for seniors, developing media programs on television or radio that focus on interests of seniors, or publishing a directory of assistance to local organizations and groups.

The Provincial Advisory Committee of Older Persons has defined active living to include physical activities, as well as intellectual, spiritual and social activities that maintain and enhance older persons' lives. It includes intergenerational and intercultural interactions as well as individual activities. It also includes opportunities for the development and expression of creative activities such as music, drama, dance, visual art and writing.

"The greatest health risk for older adults is sedentary living." (World Health Organization, 1997 as cited in Active Living Coalition for Older Adults, 1999)

The importance of active living is also supported in the following:

In *A Blueprint for Action for Active Living and Older Adults* published by the Active Living Coalition for Older Adults (ALCOA), the Coalition found that active living [defined as physical activity] resulted in an increased sense of well-being and improved quality of life.

Physical activity plays a very important role in the overall health and well-being of seniors; "regular physical activity can reduce and even prevent a number of functional declines associated with aging". [Canadian Fitness and Lifestyle Research Institute. (1998). *The Research Files*. Ref. 98-09. Ottawa, ON] But according to the Canadian Fitness and Lifestyle Research Institute, as many as one-third of older adults report participating in some form of physical activity less than twice weekly. (Canadian Fitness and Lifestyle Research Institute, 1998)

Goal 5.0 Enhance the recognition of contributions of older persons.

Recommendations

- Encourage positive images of older persons. For example, this could include developing an exhibit available around the province, the Government of Saskatchewan continuing to proclaim a week during the year as "Seniors' Week", holding a heritage fair or "Seniors' Summit", developing a media kit promoting positive images of aging, and training older persons to re-enter the workforce.
- The Provincial Advisory Committee of Older Persons undertake initiatives to recognize contributions of older persons, possibly in connection with Saskatchewan's centennial celebrations in 2005.
- The Provincial Advisory Committee of Older Persons support events of local and/or regional seniors organizations and groups.

The Provincial Advisory Committee for International Year of Older Persons identified a common concern among seniors and their organizations regarding the lack of recognition of the voluntary contributions made by older persons in our province. (Government of Saskatchewan, 1999)

"The amount of time spent volunteering increases with age, from a low of 130 hours for 15- to 24-year olds to a high of 269 hours for those aged 65 and older. In comparison with 1997, there has been a ... 67-hour increase among those 65 and older." (Statistics Canada, 2001)

The Statistics Canada *2000 National Survey of Giving, Volunteering and Participating* assessed the extent to which individual Canadians support their fellow citizens, their communities and their environment with voluntary contributions of time and money. The survey identified Saskatchewan as leading the country when it comes to volunteering, at a participation rate of 42%. Seniors played a significant role in Saskatchewan's volunteer activities; approximately one in three older persons in Saskatchewan participated in volunteer activities and on average they provided 207 hours of volunteer time (the highest of any age group in the province).

Goal 6.0 Enhance the safety and security of older persons.

Recommendations

- Investigate the feasibility of recommending special legislation, similar to child abuse laws, for the protection of seniors.
- Disseminate information to seniors, families and caregivers about the forms and stages, potentiality, and dangers of elder abuse.
- Investigate the vulnerability of certain groups of seniors to abuse.

Safety and security of seniors covers a broad range of issues that impact their health and well-being; it covers topics such as abuse (physical, sexual, psychological, emotional and financial), injuries and crime prevention.

There have been numerous reports published identifying safety and security as an issue of importance to seniors. "Approximately 1 in 25 Canadians age 65 and over reported some form of abuse from a trusted friend, service provider or family member." (Podnieks E, 1992 as cited in F/P/T Committee of Officials (Seniors), 1999)

"Crime surveys show that more than half the reported victims of deceptive or fraudulent tele-marketing...are over age 60, and more than two-thirds are women. People over 60 account for three-quarters of those defrauded more than $5000 and the vast majority are victimized more than once." (National Advisory Council on Aging, 2001)

CONCLUSION

Older persons are an important and significant segment of our population. Currently, one in seven people in Saskatchewan is 65 years of age or older. This number is expected to increase to one in six people by the year 2020. Thoughtful policy and program planning and development for older persons is required in order to address the needs of this growing segment of the population.

The six goals outlined in the *Provincial Policy Framework and Action Plan for Older Persons* provide a focus for future policy and program development in order to work towards achieving the vision of:

> "Protecting and promoting the health, dignity, and well-being of all older persons in Saskatchewan".

The *Provincial Policy Framework and Action Plan for Older Persons* is based on the principles of dignity, independence/self-determination, participation, fairness, safety and security, self-fulfilment and recognition. These principles will help to influence the design of policies and programs and to encourage cohesiveness in the process of policy and program planning as we work to improve services for Saskatchewan seniors.

The Framework and Action Plan identifies six goals and a number of specific recommendations to achieve each goal and the overall vision. The recommendations provide a foundation for the improvement of services to seniors of Saskatchewan.

APPENDICES

Appendix I

Provincial Advisory Committee of Older Persons Membership List 2000-2003

Don King, **Chairperson** (Regina) – Dr. King is the retired Director of the Seniors' Education Centre, University Extension, University of Regina. A former Winnipeg resident, Dr. King has been an educator for 35 years in Regina at Luther College and the University of Regina. He has presented papers at national and international conferences on older adult issues and has been invited to participate in several face-to-face and computer mediated national forums.

Wes Ashwin, **Vice-Chairperson** (Saskatoon) – Mr. Ashwin was the Chairperson of the Provincial Advisory Committee, International Year of Older Persons (1999), and was also the Saskatchewan representative on the Canada Coordinating Committee – International Year of Older Persons (1999). He is an ordained United Church Minister and a retired employee of the Government of Saskatchewan.

Marg Beament (La Ronge) – Mrs. Beament has been involved with the development of Northern Saskatchewan since 1973. She has worked with such organizations as Northern Native Women, Northern Municipal Council, NorSask Native Outreach, and the Lac La Ronge Indian Band Health Services as a Community Health Representative and Home Care Coordinator.

Frank Bellamy (Regina) – A retired teacher and administrator (Superintendent of Education and Director of Curriculum), Dr. Bellamy is a past president of the Saskatchewan Seniors Mechanism and guardian for the Active Living Coalition of Older Adults (ALCOA) and the committee on diabetes and activity for seniors. He has volunteered with such groups as the Alzheimer Association of Saskatchewan, Regina Alzheimer Society, Selo Seniors Community Centre, City of Regina, the Regina Senior Citizens Centre Inc. and the Seniors' Education Centre, University of Regina.

Margaret Cline (Zelma) – Mrs. Cline came to Canada as a war bride and has been active in her community ever since. Currently a member of the Young-Zelma Legion and the Saskatchewan War Brides' Association, she has also served nationally and provincially with the Saskatchewan Women's Institute, including a two-year term as president. She was also a member of the Saskatchewan Women's Agricultural Network (SWAN).

Helen "Bubs" Coleman (Saskatoon) – Mrs. Coleman was appointed as a member of the National Advisory Council on Aging in May 1999. She currently volunteers for the Saskatoon Council on Aging and Wanuskewin Heritage Park. She retired in 1994 as the Communications Coordinator for the Mendel Art Gallery in Saskatoon.

Lucie de Montarnal (Debden) – A retired teacher, Mrs. de Montarnal is a past president of the Golden Age Club. In addition to the Provincial Advisory Committee of Older Persons, she currently sits on the Fédération des Aînés Fransaskois.

Patricia Hutchison (Regina) – Dr. Hutchison is a member of the Seniors' Education Centre/Seniors' University Group where she attends classes and has served on the board and executive. Presently she serves on the Fifty Plus Advisory Committee of the Regina Health District Public Health Services. During her professional career, she practised for a time as a pediatrician. She joined the Regina Health Department in 1962 and from 1983 until retirement in 1992, she was Medical Health Officer for Regina. She was a coroner for the Province of Saskatchewan in the mid-1990s.

Edward Leson (Prince Albert) – A retired teacher and past member of the Prince Albert Senior Citizens' Advisory Committee, Mr. Leson has also served as a Councillor with the Saskatchewan Teachers' Federation and as President of the Prince Albert Teachers' Association.

Frank J. Mirasty (Meadow Lake) – Mr. Mirasty is a former Chief of the Flying Dust First Nation, a position he held for eight years. Besides his involvement with the Meadow Lake Tribal Council in drafting the Education Act and as the Director of Self-Government, Mr. Mirasty is also known as a translator—he reads and writes in both Cree and English. He is also currently working with the Justice Committee in Alternative Justice and the Police Mangement Board.

Doreen Mowers (Moose Jaw) – Mrs. Mowers was instrumental in the development of the Citizens All Association, where she worked as a councillor for 19 years. Aside from her work as a free-lance journalist, Ms Mowers has a Bachelor of Social Work and is trained as a psychiatric nurse. She also recently completed a four-year lay ministry course sponsored by the Anglican Church of Canada.

Jean Nahachewsky (Saskatoon) – Mrs. Nahachewsky is the past president of the Saskatoon Council on Aging. She assisted with the organization of "Spotlight on Seniors", an education and trade show and continues to volunteer with the Council. For many years she was also the Coordinator of the Saskatchewan Teachers' Federation Resource Centre in Saskatoon.

Trevor Quinn (Regina) – A retired pharmacist and former Director of the Formulary and Education Division for the Saskatchewan Prescription Drug Plan, Mr. Quinn has been active in a variety of heritage-related organizations such as the Regina Plains Museum and the Saskatchewan Pharmacy Museum Society. An active Kiwanian, his community activities include membership on the Finance Committee of the Regina Early Learning Centre and the editorial board of the Saskatchewan Senior Mechanism's publication, "*Gray Matters*."

Appendix II
Glossary of Terms

Personal Care Home – A facility licensed under the *Personal Care Homes Act*.

Personal care homes are privately owned and operated. They are not publicly subsidized. That is, the residents of personal care homes pay the full cost of care and accommodation.

Provide accommodation, meals, and personal care to an adult (generally do not need the level of health services provided in publicly subsidized special-care homes) who is not a relative of the personal care home licensee. Individuals do not need to demonstrate need to be admitted.

Special-Care Home – A facility licensed under the *Housing and Special-Care Homes Act*.

Special-care homes are funded by government through regional health authorities. A special-care home is a facility that provides institutional long term care services to meet the needs of individuals usually having heavy care needs, that cannot appropriately be met in the community through home care and community based programs. Individuals are admitted on the basis of assessed need. Regional health authorities may operate a special-care home directly or through affiliation. Special-care homes may be referred to as nursing homes or long-term care facilities.

In addition to long-term care and accommodation, services may include: respite care, adult day programs, night care and palliative care.

Residents of special-care homes pay an income tested resident charge.

Home Care – The purpose of home care is to help people who need acute, palliative and supportive care to remain independent at home.

The functions of home care include acute care/hospital substitution, special-care home substitution, and maintenance of health and prevention of health functional breakdown. Home care services include case management and assessment, nursing, therapies (in some areas), personal care, home management, respite, minor home maintenance, and certain volunteer services such as visiting, security calls, and transportation.

Social Housing – This program provides rental accommodation for seniors and families in more than 280 communities throughout the province. Some units are suitable for persons with disabilities. The rental units are managed through local housing authorities, non-profit organizations and Aboriginal non-profits.

Available social housing units are allocated to applicants on the basis of the greatest need, taking into account their income, number of dependents, existing shelter conditions, existing shelter costs and other factors. Rent is established using a rent-geared-to-income (RGI) scale which sets rent based on a percentage of gross household income.

Saskatchewan Assisted Living Services – Saskatchewan Assisted Living Services (SALS) are an affordable support services program available to persons living in senior social housing in 140 sites in 72 communities.

SALS provides those persons with the option to access:
- co-ordination of social and recreational activities
- a maximum of one nutritional meal per day served in a common dining area
- a personal response system for unscheduled needs
- laundry and housekeeping services at affordable rates.

Receipt of services is not a condition of tenancy.

Appendix III
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